

## Foster Family Home - Corrective Action Report

Provider ID: 1-559346

Home Name: Marina Gamatero, CNA

Review ID: 1-559346-6

94-095 Hulahe Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 9/12/2018

End Date:

9/12/18

Foster Family Home Required Certificate


[17-1454-6]

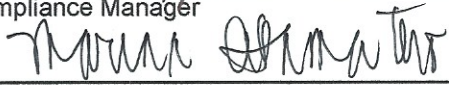
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/12/18. PCG requesting 1 year certification.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date